Fill in this information t	to identify your case:	
Debtor 1	Richard E. Parker	
Debtor 2 (Spouse, if filing)	Suzanne G. Lucey-Parker	
United States Bankrup	otcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	-13529	Check if this is:
(If known)		An amended filing
		<ul> <li>A supplement showing postpetition chapter</li> <li>13 income as of the following date:</li> </ul>
Official Form	<u> 106I</u>	MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status	☐ Employed	■ Employed
attach a separate page with information about additional	Employment status	■ Not employed	☐ Not employed
employers.	Occupation	INDUSTRIAL ELECTRICIAN	Debtor lost one of her PT Jobs
Include part-time, seasonal, or self-employed work.	Employer's name		CAROLE E. BRIAN
Occupation may include student or homemaker, if it applies.	Employer's address		(DEBTOR IS MS. BRIAN'S ADMINISTRATIVE ASSISTANT(
	How long employed t	here?	> 5 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or

					non-	filing spouse
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	7,994.13	\$	812.50
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$_	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	7,994.13	\$_	812.50

Official Form 106l Schedule I: Your Income page 1

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	tor 1 tor 2	Richard E. Park Suzanne G. Luc		-		Case	e number ( <i>if kr</i> i	nown)	_1	9-13529			
						Fo	r Debtor 1			For Debte			
	Cop	y line 4 here		4.		\$_	7,994	1.13	_	\$	8	12.50	-
5.	List	all payroll deduc	tions:										
	5a.		and Social Security deductions	5	a. b.	\$_ \$	1,945		_	\$	1	01.27	_
	5b. 5c.	-	tributions for retirement plans ributions for retirement plans	5i		\$ _	554	0.00	_	\$		0.00	-
	5d.	•	ments of retirement fund loans		d.	\$-		0.00	_	\$		0.00	=
	5e.	Insurance	monto di Totalonioni Tanta Idano		е.	\$		0.00	_	\$		0.00	-
	5f.	Domestic supp	ort obligations	51	f.	\$		0.00	_	\$		0.00	-
	5g.	Union dues		5	g.	\$	43	3.33	_	\$		0.00	-
	5h.	Other deductio	ns. Specify:	_ 51	h.+	\$_	C	0.00	+	\$		0.00	-
6.	Add	I the payroll dedu	ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	2,543	3.01	_	\$	1	01.27	-
7.	Cal	culate total month	lly take-home pay. Subtract line 6 from line 4.	7.		\$_	5,451	1.12	_	\$	7	11.23	-
8.	List 8a.	Net income from profession, or factor a statement receipts, ordinar	ent for each property and business showing gross y and necessary business expenses, and the total			•							
	O.L.	monthly net inco			a.	\$_		0.00		\$		0.00	-
	8b. 8c.	Interest and div		81	b.	\$_	C	0.00	_	\$		0.00	-
	oc.	regularly received include alimony,	payments that you, a non-filing spouse, or a dependent ve spousal support, child support, maintenance, divorce property settlement.	8	C.	\$	C	0.00		\$		0.00	
	8d.	Unemployment	compensation	8	d.	\$	C	0.00		\$		0.00	_
	8e.	Social Security		8	e.	\$_	620	00.0		\$		0.00	-
	8f.	Include cash ass that you receive	ent assistance that you regularly receive sistance and the value (if known) of any non-cash assistance, such as food stamps (benefits under the Supplemental ince Program) or housing subsidies.	81	f.	\$	C	0.00		\$		0.00	
	8g.	Pension or reti	rement income	_ 8	g.	\$	C	0.00		\$		0.00	-
	8h.	Other monthly	income. Specify: PRO RATE TAX REFUND	8	h.+	\$	220	).92	+	\$		0.00	-
		PRO RATE ST	FIMULOUS PAYMENT 2021			\$_	150	0.00		\$		0.00	
9.	Add	l all other income	. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [	\$	990	).92		\$		0.00	D
10	Cal	oulata manthly in	name Add line 7 v line 0	10	6		0.440.04		,	744.0		•	7.450.07
10.		-	come. Add line 7 + line 9. 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		6,442.04	+ \$	<b>'</b> —	711.2	3 =	=   \$ _	7,153.27
11.	Stat Inclu othe Do n	te all other regula ude contributions for r friends or relative	r contributions to the expenses that you list in Schedule om an unmarried partner, members of your household, your	dep			•		-	I in <i>Sched</i>	ule .		0.00
12.			e last column of line 10 to the amount in line 11. The res he Summary of Schedules and Statistical Summary of Certai							f it			7.450.07
	арр	lies								12		\$	7,153.27
												Combir nonthl	ned y income
13.	Do :	-	rease or decrease within the year after you file this form	?									
		No. Yes. Explain:	Please note, Debtor Wife lost both of her two part till financial advisors, and their offices have been closed and she works part time for Ms. Brian remotely. All L	d sir	nce	Ма	rch 2020.	On	e of	her emp	loye	ers ha	s retired,
			youngest son has special needs, and is now being h where she can work from home to assit her son, who										

schedule.

Fill	in this informa	tion to identify yo	our case:					
Deb	otor 1	Richard E. Pa	arker				c if this is: An amended filing	
Deb	tor 2	Suzanne G. L	_ucey-Pai	ker			A supplement show	ving postpetition chapter
(Spo	ouse, if filing)		-			1	3 expenses as of	the following date:
Unit	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA	N	MM / DD / YYYY	
1		9-13529						
(If kı	nown)							
Of	fficial Fo	rm 106J						
So	chedule	J: Your	Exper	ises				12/15
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.				
Par 1.	t 1: Descr Is this a joir	ibe Your House	hold					
١.	□ No. Go to							
			in a separ	ate household?				
	■ N	0	•		. for a <b>O</b> and a marker 11 and a	to the CD above	0	
				al Form 106J-2, <i>Expenses</i>	s for Separate House	noia of Debto	or 2.	
2.	Do you have	e dependents?	☐ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
				·				□ No
	Do not state dependents				CHILDREN		20,19,13	■ Yes
								□ No
								Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	Do your exp	enses include		No				_ 100
		f people other t d your depende	han _	Yes				
				_				
Est exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the	lude expense value of sucl ficial Form 10	n assistance an	non-cash d have inc	government assistance i luded it on <i>Schedule I:</i> \	f you know <i>our Income</i>		Your exp	enses
,		- <b>,</b>						
4.		or home owners and any rent for the		ses for your residence. I r lot.	nclude first mortgage	4. \$		1,856.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's				4b. \$		0.00
				ipkeep expenses		4c. \$		0.00
5.		owner's associat		dominium dues o <b>ur residence,</b> such as ho	me equity loans	4d. \$ 5. \$	-	0.00
٥.	iiii	ggo payiii	J. y.		oquity louis	σ. ψ		0.00

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	otor 1	Richard E. Parker	_		10 12520
Deb	otor 2	Suzanne G. Lucey-Parker	Case num	ber (if known)	19-13529
6.	Utiliti	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	300.00
	6b.	Water, sewer, garbage collection	6b.	\$	89.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
	6d.	Other. Specify: UGI	6d.	\$	200.00
		DIRECT TV		\$	66.33
		BLUE RIDGE CABLE AND INTERNET		\$	203.00
		AT 7 T		\$	481.00
7.	Food	and housekeeping supplies	7.	\$	950.00
8.		care and children's education costs	8.	\$	345.00
9.	Cloth	ing, laundry, and dry cleaning	9.	\$	142.00
10.	Perso	onal care products and services	10.	\$	195.00
11.	Medi	cal and dental expenses	11.	\$	275.00
12.		sportation. Include gas, maintenance, bus or train fare.	10	¢	425.00
40		ot include car payments.	12.	· -	
		rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
		itable contributions and religious donations	14.	<b>&gt;</b>	0.00
15.	Insur	ance. ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.	\$	66.53
		Health insurance	15b.	·	0.00
	15c.	Vehicle insurance	15c.	· -	440.00
		Other insurance. Specify:	15d.	·	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.		*	0.00
	Speci		16.	\$	0.00
17.		llment or lease payments:			
	17a.	Car payments for Vehicle 1	17a.	\$	0.00
		Car payments for Vehicle 2	17b.	·	560.00
		Other. Specify:	17c.	·	0.00
		Other. Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report as	18.	¢	0.00
10		cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). r payments you make to support others who do not live with you.	10.	\$	0.00
13.	Speci		19.	Ψ	0.00
20		r real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>		our Income	
_0.		Mortgages on other property	20a.		0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify: EZPASS TOLLS	21.	+\$	140.00
22	Cala				
22.		ulate your monthly expenses		¢	6 722 96
		Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$ \$	6,733.86
					0.700.00
	22C. /	Add line 22a and 22b. The result is your monthly expenses.		\$	6,733.86
23.	Calcu	ulate your monthly net income.			
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,153.27
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	6,733.86
	23c.	Subtract your monthly expenses from your monthly income.	22.5	· ·	419.41
		The result is your <i>monthly net income</i> .	23c.	\$	713.41

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Debtor 2	Suzanne G. Lucey-Parker	Case number (if known)	19-13529
Debtor 1	Richard E. Parker		

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

☐ Yes.

Explain here: PLEASE NOTE, DEBTOR HUSBAND COMMUTES FROM NORTHERN LANCASTER COUNTY TO DELAWARE, FOR WORK. HIS ROUND TRIP COMMUNTE IS 4 HOURS PER DAY. HIS GAS EXPENSE IS VERY HIGH. PLEASE ALSO NOTE THAT DEBTOR WIFE'S SONS HAVE SEVER DISABILITIES WHICH REQUIRE CONSTANT TRIPS TO THE PHILADELPHIA AREA FOR SPECCIALIZED TREATMENTS. DEBTOR WIFE'S TRAVEL EXPENSES ARE HIGH AS WELL. TRAVEL EXPENSES FOR WIFE HAVE BEEN REDUCED DUE TO COVID.